

## Longmont Recreation Services SCOPE Camp 2016

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The below information will be with the camp director at all times when off site (beyond the confines of Roosevelt Park and the St. Vrain Memorial Building). **Please fill out completely as it may very well be the first document we turn to in case of an emergency.**

**Place a current, color  
photo here**

**(required)**

**A late fee of \$15 will be  
assessed for late/  
incomplete forms on May 1**

### Camper Emergency Information

Camper's Name: \_\_\_\_\_

Gender: M ☐ F ☐ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List any

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

### Parent/Guardian Information

Parent/Guardian #1

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

Parent/Guardian #2

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

### Emergency Contacts *(parents/guardians will be contacted first)*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Preferred Hospital

<b>Longmont United Hospital</b> 1950 Mountain View Ave Longmont, CO 80501 (303) 651-5111 <input type="checkbox"/>	<b>Community Medical Center</b> 1000 W. South Boulder Road Lafayette, CO 80026 (303) 666-4357 <input type="checkbox"/>	<b>Boulder Community Foothills Hospital</b> 4747 Arapahoe Ave Boulder, CO 80303 (720) 854-7000 <input type="checkbox"/>	<b>Exempla Good Samaritan Medical Center</b> 200 Exempla Circle Lafayette, CO 80026 (303) 689-4000 <input type="checkbox"/>	<b>Medical Center of the Rockies</b> 2500 Rocky Mountain Ave Loveland, CO 80538 (970) 624-2500 <input type="checkbox"/>	<b>Mckee Medical Center</b> 2000 N Boise Ave Loveland, CO 80538 (970) 669-4640 <input type="checkbox"/>
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### Medical Release for Treatment and Emergency Release

In the event of an emergency if I, as parent or legal guardian, cannot be reached, or if my emergency contact designees listed above cannot be reached, I give permission for the Day Camp staff to administer or obtain emergency care for this camper. I expect that a conscientious effort will be made to locate me or my designate before any action is taken. I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damage or liability for arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and this camper, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

**Signature Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Camper Sign In & Out Agreement

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**Sign In and Out**-camper pick-up and drop-off times are:

Day	Drop-Off Times	Pick-Up Times
Monday, Wednesday & Thursday	9am	4pm
Tuesday & Friday (swim days)	9am	4pm at Sunset Pool

SCOPE Adult Day Campers are asked to sign themselves in and out of camp each day. Please make camp staff aware of any special instructions regarding camper sign in/sign out or transportation arrangements.

Camp hours are 9am – 4pm. Campers should arrive and depart as close to these times as possible. Camp staff depart promptly at 4pm. ***Campers requiring staff supervision after 4pm, and late pick up from Sunset Pool on Tuesdays & Fridays will incur late pick-up charges at an incrementally increasing rate.***

Often we utilize parks and other facilities for the program and are not in the facility the entire time. Each day's location(s) will be noted in your weekly newsletter and/or on the daily bulletin board. If camper needs to be picked up before the scheduled pick-up time, please notify the Director ahead of time so proper arrangements can be made.

### **CAMPER SIGN OUT & PICK UP**

Camp staff will not generally restrict SCOPE Adult Camper pick up unless specifically requested by a parent or guardian. Please describe your camper's plan for transportation to and from camp below:

Special Pick Up/Sign Out instructions:

For safety and planning purposes, please notify Director staff if camper will be arriving late or leaving camp early.

I, \_\_\_\_\_, and \_\_\_\_\_, SCOPE Camper, understand that camp ends at 4pm daily, and will make transportation arrangements according to this schedule. We understand that late pick-ups may result in extra charges.

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**Parent/Guardian Signature**

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**Date**

## SCOPE Camper Information & Assessment Form

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Statement of Confidentiality: The City of Longmont Summer Day Camp, Teen Camp and SCOPE Camp programs strives to offer appropriate, safe, and effective activities to all campers. In order to best serve all campers, it is imperative that staff receive as much information as possible about every camper. The information in this assessment will be held in confidence and shared with appropriate staff members on a need-to-know basis.

Camper's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Diagnosis (Please be as specific as possible): \_\_\_\_\_

Grade completed: \_\_\_\_\_ Teacher \_\_\_\_\_ School Attended: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Best Contacted at: \_\_\_\_\_

Who does the camper live with? ☐ Mother & Father ☐ Mother only ☐ Father Only ☐ Legal Guardian ☐ Other: \_\_\_\_\_

1. Are there any special living or custody arrangements we need to be aware of? ☐ No ☐ Yes—please specify: \_\_\_\_\_

2. Communication abilities: How does camper make her/his needs known?: \_\_\_\_\_

3. Does camper:

Use scissors, crayons, paint, paste, and small objects:

Wear: Glasses ☐ Yes ☐ No

☐ well ☐ adequately ☐ not at all

Hearing aid ☐ Yes ☐ No

Need assistance with toileting ☐ Yes ☐ No

Feed self ☐ Yes ☐ No

Use a wheelchair ☐ Yes ☐ No

Dress self ☐ Yes ☐ No

Need assistance walking ☐ Yes ☐ No

Have problems at school? ☐ No ☐ Yes: Are problems at school centered around: ☐ academics ☐ social interactions

Require one-one assistance with daily activities? ☐ No ☐ Yes—please explain:

4. Briefly comment on camper's: (please use back or additional sheet of paper if needed)

Swimming ability	Coordination
Play skills	Peer interactions
General likes	General dislikes

5. How does camper react when:

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Challenged? \_\_\_\_\_

Frustrated? \_\_\_\_\_

Afraid? \_\_\_\_\_

Bored? \_\_\_\_\_

Other Behaviors:

\_\_\_ Bites

\_\_\_ Kicks

\_\_\_ Hits

\_\_\_ Pinches

\_\_\_ Verbal Outbursts

\_\_\_ Non-responsive to commands

\_\_\_ Abusive to self (explain below)

\_\_\_ Runs Away

Triggers: \_\_\_\_\_

6. How are the above behaviors handled at home and/or school?

7. Are there other methods of behavior support you have found to be effective?

8. Please check all that apply:

\_\_\_ ADHD/ADD

\_\_\_ Diabetes: \_\_\_ Self regulated?

\_\_\_ Transfers self from/to wheelchair

\_\_\_ Sensitive to the Sun

\_\_\_ Needs assistance with transfers (wheelchair)

\_\_\_ Easily fatigued

\_\_\_ Seizures: Date of last seizure \_\_\_\_\_

\_\_\_ Shunt: Type \_\_\_\_\_

\_\_\_ Heart Problems (explain below)

\_\_\_ Easily disoriented/confused (explain below)

**Allergies and/or Serious Reactions**

\_\_\_ Bee/Wasp Sting

\_\_\_ Drugs (list below)

\_\_\_ Latex (explain below)

\_\_\_ Animals

\_\_\_ Food (list below)

\_\_\_ Other: \_\_\_\_\_

Explanation of Any Above:

\_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Other information you feel would benefit our staff regarding camper:

\_\_\_\_\_  
\_\_\_\_\_

**If your camper has an IEP, Behavior Plan or other support document, please include this with your registration packet.**

**This information helps our team provide specialized support consistent with home and school environments.**

## Personal Care Requests

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Please be specific, as this form will guide and instruct camp staff in assisting camper with their basic personal care needs throughout the summer. Our staff is not able to perform advanced or medical support (tube feeding, wound care, etc.). Please call 303-651-8394 if you have any questions about personal care assistance.

Camper's Name: \_\_\_\_\_

Please list any assistance your camper may need in the following areas:

**Restroom:**

**Eating:**

**Changing:**

**Other:**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date:

## Longmont Recreation Services SCOPE Camp Health History

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Camper Name \_\_\_\_\_ Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physician Name, Address, & Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Dentist Name, Address, & Phone \_\_\_\_\_

Past illnesses—Check those camper has had and give approximate dates:

Chicken Pox \_\_\_\_\_ Rubeola \_\_\_\_\_ Rubella \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_

Asthma \_\_\_\_\_ Hay Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Mumps \_\_\_\_\_ Epilepsy \_\_\_\_\_

Whooping Cough \_\_\_\_\_ Poliomyelitis \_\_\_\_\_ Other : \_\_\_\_\_

If tuberculin tests given: Date \_\_\_\_\_ Result \_\_\_\_\_ If chest x-ray taken: Date \_\_\_\_\_ Result \_\_\_\_\_

Surgery/Accidents/Illnesses/Chronic or Handicapping Problems:

Describe any physical condition requiring special attention by center staff:

Medication(s) prescribed: \_\_\_\_\_

Allergies that staff should be aware of: \_\_\_\_\_

Prescribed routine for allergies: \_\_\_\_\_

Date of most recent examination of camper: \_\_\_\_\_

Signature of individual completing form: \_\_\_\_\_ Relationship to camper: \_\_\_\_\_

# Longmont Recreation Services Medical Release Form for Medicine

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## Parent's Request for Giving Medicine and Release Agreement and Physician's Signed Order

- ☐ I do not wish to have my child given medication while at camp. \_\_\_\_\_ initials (go on to next form)
- ☐ I, the undersigned parent or guardian of \_\_\_\_\_, hereby request personnel employed by the City of Longmont Recreation Services to administer \_\_\_\_\_ (name of medicine) at \_\_\_\_\_ (time) to my child as described by the prescribing physician.

**If there is a change in medication, times given, dosage, etc, the Director must be notified in writing.**

The City of Longmont Recreation Services and the Boulder County Health Department require, as a condition before administering any medication that; the medication be prescribed by a physician or dentist, the medication be provided by the parent or guardian, the medication be correctly labeled with the camper's name, the name of the medication, the times for the medication to be given, the correct dosage, possible side effects and instruction for treatment, and the date the medication is to be stopped. The medication is administered solely at the request of and as accommodation to the undersigned parent, guardian and parent. The parents or guardians agree, in consideration for the administration of the medication, to release and hold harmless the City of Longmont, its employees and volunteers or the failure to administer or correctly administer the medication. Nothing in this agreement shall be deemed as a waiver of sovereign immunity or liability limits granted to the City under the Colorado Governmental Immunity Act, nor to confer upon any person not a party hereto, any rights or benefits hereunder.

DATED this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Name of Physician or Dentist  
Prescribing Medication

\_\_\_\_\_  
Signature of Camper / Parent/ Guardian

▼Required▼

### PHYSICIAN'S SIGNED ORDER FOR MEDICINE GIVEN AT CAMP

Child's Name \_\_\_\_\_ Medication \_\_\_\_\_

Route of administration \_\_\_\_\_ Dosage \_\_\_\_\_

To be given at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(time) (date) (date)

Purpose of medicine \_\_\_\_\_

Possible side effects \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

## Camp Permissions and Agreements

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Please note that more detailed information regarding the following camp permissions and agreements is contained within the Parents' Manual. I agree that I have read and understood the 2015 Parent Manual for the City of Longmont Summer Day Camp Program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for camper, \_\_\_\_\_:

### Initial

\_\_\_\_\_ **Movies:** To watch G and PG rated (No PG-13) movies provided by Longmont Teen Camp; generally during HOT, HOT days and also on rainy days. Information regarding movie title and its rating are available from the directors.

\_\_\_\_\_ **Leave Roosevelt Park:** On Tuesdays and Fridays, campers will walk or ride the bus from the Memorial Building to Sunset Pool. On Thursdays, campers may walk or be shuttled in Longmont vans/buses to and from local parks or other local areas of interest (Longmont Recreation Center, Centennial Pool, etc). Small group field trips may require shuttling or walking to and from local areas of interest. Additionally, Tween LOCO campers will walk daily to nearby parks, the Longmont Public Library, Longmont Theatre Company, Crackpots, and other nearby venues (within 1.5 mile radius) at the director's discretion.

\_\_\_\_\_ **Swim:** To swim at all swimming facilities that the Longmont Summer Day Camp, SCOPE & Teen Camps visit. I also agree to send camper with a bathing suit, towel, and sunscreen (applied) on those swimming days.

\_\_\_\_\_ **Sunscreen:** To have sunscreen that I provide applied to camper by either themselves or with the assistance of a peer buddy system. A Camp staff member will assist applying sunscreen as necessary to camper in a public setting. **It is the Parent's/Guardian's/Camper's responsibility to apply sunscreen to camper prior to coming to camp each day and to send sunscreen with the camper daily.** Camp will provide back-up sunscreen to campers, however it is not intended for daily use (please bring your own!). Based on recommendations across the Front Range, **sunscreen lotion is preferred** over spray for more consistent sun protection in day camp settings.

\_\_\_\_\_ **Photograph Release:** To be photographed for the purpose of promoting programs and activities sponsored by the City of Longmont. The vast majority of photographs taken are shared with campers in the weekly newsletters. Without permission, photographs of your camper will not be taken or retained.

☐ **I decline** to provide permission for the City of Longmont to use my/camper's photograph.

\_\_\_\_\_ As the parent or legal guardian of the camper named above, **I permit the City of Longmont to take and use photographs** of my child/children/ward(s), and copyright them, for the purpose of promoting City of Longmont programs and activities. This includes permission to publish photographs of my child/children/ward(s) for such purpose and to the use of any printed matter in conjunction with the photographs. I understand that such photographs of my child/children/ward(s) remain the property of the City of Longmont.

\_\_\_\_\_ **Permission to share information for campers with special needs:** I give my permission for the St. Vrain School District Special Education or other school district staff to share pertinent information about camper in order for him/her to have the best and safest camp experience possible.

\_\_\_\_\_  
Signature of Camper/Parent/ Guardian

\_\_\_\_\_  
Date



## SCOPE Camp Contract 2016

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This contract states expectations of the camper while attending day camp. Please read through this contract with camper. All campers are held accountable for the choices they make at camp. Please check each line (one for guardian, one for camper) and sign at the bottom.

- \_\_\_\_\_ I will treat all campers and staff with respect so they will know how to treat me.
- \_\_\_\_\_ If I cause a problem I will solve it. If I can't solve the problem, or choose not to, a day camp leader will step in to assist with the situation.
- \_\_\_\_\_ I will behave in ways that secure the safety of others and myself. (This includes, but is not limited to: NO abusive language, "play" wrestling, kicking, hitting, theft, bullying, etc.)
- \_\_\_\_\_ I will follow instructions given by the day camp leaders and directors.
- \_\_\_\_\_ If I feel something is unfair, I will calmly talk to a leader or director about it.
- \_\_\_\_\_ I understand that what a leader/director decides to do concerning discipline will depend on that special person and that special situation.
- \_\_\_\_\_ I understand that I am not to bring any personal belongings to camp (i.e., toys, MP-3 players, collector cards, iPods, game systems, etc.). I understand that if I bring personal belongings to day camp a leader has the right to take the item(s). (Items will be given back at the end of the day. If any more items are brought, they will be taken and returned at the end of camp.)
- \_\_\_\_\_ I will respect all day camp equipment and facilities.
- \_\_\_\_\_ I understand that I will have one opportunity to call home if I forget to bring a necessary article to camp (i.e., lunch, swimming suit, etc.). If I forget again, I will not be able to participate in the activities for the day. If I forget my lunch, I will eat the lunch provided to me by the day camp.
- \_\_\_\_\_ I will be an active participant during activities.
- \_\_\_\_\_ I will do my personal best to have a great summer at day camp!

By signing this contract, you state that you read and agree to the terms of the contract. Not following this agreement may lead to removal from SCOPE Camp.

\_\_\_\_\_  
Camper's Signature

\_\_\_\_\_  
Parent/Guardian Signature